



CITY OF HOUSTON

Health & Human Services Department

8000 North Stadium Drive, Second Floor, Houston, TX 77054

Bureau of Consumer Health Services

(713) 794-9200 / (713) 794-9457 [Fax]

www.houstonhealth.org

Request for Public Information

Today's Date:	
Name of Applicant:	
Applicant's Driver's License Number:	
Address of Applicant:	
Contact Telephone:	
Other Identification:	

I/We request to examine public records for **INSPECTION / DUPLICATION / REVIEW** for the following:
(Please circle one)

Name of establishment:	
Address of establishment:	
Purpose of review:	

Signature / Printed Name of requesting applicant

Bureau of Consumer Health Services – Supervisor

Please see next page for current rates for some common items.

<i>Description</i>	<i>Rate</i>	<i># Items</i>	<i>Total cost</i>
Standard size paper copies*	\$ 0.125 /page		
Diskette copies	\$ 1.25/disk		
Paper (Greenbar, 11"x17")	\$ 0.625/page		
Personnel charges	\$ 18.25/hour		
Overhead charges (25% of total personnel charges)			
Computer resource charge: Programming	\$ 32.50/hour		
Computer resource charge: PC/LAN	\$ 1.25/hour		
Computer resource charge: Mainframe	\$ 12.50/minute		
Computer resource charge: Midrange	\$ 1.875/minute		
Computer resource charge: Client/Server	\$ 2.75/hour		
Postage and shipping charges (actual cost)			
Fax charges	\$ 0.125/page		
Other charges (Describe:			
TOTAL CHARGES:			

*Additional charges for paper copies involving: 1) Red action of confidential information, 2) Not readily available information (in more than one building or remote storage), or 3) readily available information of more than 50 pages.

Note: There is no charge to INSPECT paper records if no duplication is requested unless the information is older than 5 years or paper records completely fill six or more archival boxes and more than 5 hours is required to make the information available. If any copies are requested after inspection of the documents, all applicable personnel and archival retrieval costs will be charged.

DATE: _____

REQUESTOR: _____

ESTIMATE _____ or BILLING _____